

# Summary of Benefits



## Thank you for your interest in our Medicare Advantage plans

Anthem Blue Cross and Blue Shield offers benefits to help you stay healthy while protecting you from unexpected costs. This plan includes your hospital, medical, and drug benefits in one plan.

### Medicare Advantage and Part D

**Plan year:** January 1 – December 31, 2026

**Indiana**

All counties in Indiana

**Anthem Dual Advantage (HMO D-SNP)**

# Anthem Dual Advantage (HMO D-SNP)

## Anthem Dual Advantage (HMO D-SNP)

Our service area includes these counties in IN: Adams, Allen, Bartholomew, Benton, Blackford, Boone, Brown, Carroll, Cass, Clark, Clay, Clinton, Crawford, Daviess, De Kalb, Dearborn, Decatur, Delaware, Dubois, Elkhart, Fayette, Floyd, Fountain, Franklin, Fulton, Gibson, Grant, Greene, Hamilton, Hancock, Harrison, Hendricks, Henry, Howard, Huntington, Jackson, Jasper, Jay, Jefferson, Jennings, Johnson, Knox, Kosciusko, La Porte, Lagrange, Lake, Lawrence, Madison, Marion, Marshall, Martin, Miami, Monroe, Montgomery, Morgan, Newton, Noble, Ohio, Orange, Owen, Parke, Perry, Pike, Porter, Posey, Pulaski, Putnam, Randolph, Ripley, Rush, Scott, Shelby, Spencer, St. Joseph, Starke, Steuben, Sullivan, Switzerland, Tippecanoe, Tipton, Union, Vanderburgh, Vermillion, Vigo, Wabash, Warren, Warrick, Washington, Wayne, Wells, White, Whitley.

### Do you have questions?

You can learn more on our website, **[shop.anthem.com/medicare](https://shop.anthem.com/medicare)**. Please call us toll-free **1-844-597-2614** (TTY: **711**). Hours of operation: 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

The Summary of Benefits does not include every service, limit, or exclusion, but the Evidence of Coverage does. Just give us a call to request a copy.

# Anthem Dual Advantage (HMO D-SNP)

## This is a Dual Eligible Special Needs Plan (D-SNP)

Anthem Dual Advantage (HMO D-SNP) is a Medicare Advantage plan. To join this plan, the following must apply to you<sup>†</sup>:

- ☐ You're entitled to Medicare Part A.
- ☐ You're enrolled in Medicare Part B and Indiana Medicaid (the state's Medicaid program).
- ☐ You live in our service area.

### Eligibility

To be enrolled in this plan, you must also receive some level of Medical Assistance from Indiana Medicaid (the state Medicaid program) as described below:

### Anthem Dual Advantage (HMO D-SNP)

- ☐ If you have **Qualified Disabled Working Individual (QDWI)** status, you are eligible for the Indiana Medicaid program, which pays your Medicare Part A premium.
- ☐ If you have **Qualified Medicare Beneficiary (QMB)** status, you are eligible for the Indiana Medicaid program, which pays your Medicare premiums, deductibles, and cost sharing, except for Medicare Part D.
- ☐ If you have **Specified Low-Income Medicare Beneficiary (SLMB)** status, you are eligible for the Indiana Medicaid program. This pays your Medicare Part B premium.

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<sup>†</sup> This plan is available to anyone who has both Medical Assistance from the State and Medicare.

- If you have **Qualifying Individual (QI)** status, you are eligible for the Indiana Medicaid program. This pays your Medicare Part B premium.

### Medicare coverage that goes beyond Original Medicare

- Medicare Advantage plans cover everything Original Medicare covers — Part A (hospital services) and Part B (medical services) — plus more.
- Medicare Advantage Prescription Drug Plans cover Medicare Part D drugs and Part B drugs.
- If Medicaid eligibility changes, your cost may also change. You must recertify your Medicaid enrollment to keep receiving your Medicare cost-sharing coverage.

## Is your PCP in our plan's network of doctors?

If you need to change your Primary Care Physician (PCP), give us a call and we'll help. Doctors can join or leave the network at any time, so check if they're in network with our Find a Doctor tool online. Just follow the steps listed.

### How to find a doctor/PCP in our plan:

- Go to **shop.anthem.com/medicare**
  1. Select **Useful Tools** and choose **Find a Doctor**.
  2. Enter your ZIP code, county, and the date you want your coverage to begin.
  3. Fill in the details (city, doctor's name, distance, etc.).
  4. Be sure to check that the doctor is listed as "In-Network" for this plan.
- Or you can ask us for the Provider Directory. The phone number is on page 2.



## Find a pharmacy

Our plans include the majority of pharmacies in America, so you're likely to find one near you. If your pharmacy is not in this plan, you could end up paying more for your drugs.

To confirm your pharmacy is in the plan (or find a new one), see the Pharmacy Directory on our website at **shop.anthem.com/medicare**. Under **Useful Tools**, choose **Find a Pharmacy** to enter your location and search details. Or you can give us a call and we'll send you the directory.

### How to check if your prescriptions (or an acceptable alternative) are covered and what they'll cost:



- ☐ Visit **shop.anthem.com/medicare**
  1. Select **Useful Tools** and choose **Find Your Covered Drugs**.
  2. Enter your ZIP code, county, and beginning coverage date.
  3. Enter your drug name, dosage, quantity, and refill frequency, and select **Add Drug** or **Next**.
  4. Select your pharmacy, and then select **View All Plans**.
  5. Choose **Plan Details** and then **Drug Cost** to view the drug's tier, specific cost, and coverage details.
- ☐ You can also call us at the number on page 2 for a copy of the Formulary.

For more information about Medicare, you can read the Medicare & You handbook. If you don't have a copy of this booklet, you can access it online at the Medicare website ([medicare.gov/medicare-and-you](https://www.medicare.gov/medicare-and-you)) or request a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.



# **Summary of 2026 medical benefits**

## Anthem Dual Advantage (HMO D-SNP)

### How much is my premium (monthly payment)?

**\$0.00 - \$25.90** per month

Your Part B premium may be covered by your state's Medicaid agency for D-SNP enrollees.

If you receive Extra Help, your monthly plan premium will be adjusted by the amount of help you receive.

### How much is my deductible?

**\$0.00 - \$257.00** copay for Medicare-covered services per year for medical deductible. This is the 2025 cost-sharing amount and may change for 2026. Anthem Dual Advantage (HMO D-SNP) will provide updated rates as soon as they are released.

If you receive Extra Help from Medicare, the Part D deductible does not apply to you.

If you do not qualify for Extra Help, the deductible is **\$615.00** per year for Part D prescription drugs. Drugs listed on Tier 2: Generic, Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug, Tier 5: Specialty Tier are included in the Part D deductible.

The Part D deductible does not apply to Insulin drugs.

This plan has a deductible that applies to In-Network Medicare-covered hospital and medical services. These services will have a <sup>4</sup> next to the benefit throughout this Summary of Benefits.

**NOTE:** If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.



## Anthem Dual Advantage (HMO D-SNP)

Is there a limit on how much I will pay for my covered medical services?  
(does not include Part D drugs)

**\$9,250.00** per year from doctors and facilities in our plan

Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.

Services you receive from doctors or facilities in our plan go toward your yearly limit. If you reach the limit on out-of-pocket costs, you will not have to pay any out-of-pocket costs for covered Part A and Part B services for the rest of the year.

### Inpatient Hospital<sup>1</sup>

Facilities in our plan: Medicare-defined cost share

In 2025, the Medicare-defined cost share amounts for each benefit period are:

- ☐ **\$1,676** deductible for days 1 through 60.
- ☐ **\$419** copay per day for days 61 through 90.
- ☐ **\$838** copay per day for 60 lifetime reserve days. These are "extra" days we cover once in your lifetime.

These amounts may change for 2026. We will provide updated cost share amounts at the website found on page 2 as soon as Medicare releases them.

Your copays for inpatient benefits are based on benefit periods. A benefit period starts on the first day you go into a hospital or skilled nursing facility (SNF) and ends when you haven't had any inpatient hospital care or skilled nursing care for 90 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period starts. There's no limit to the number of benefit periods you can have.

**NOTE:** If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.

## Anthem Dual Advantage (HMO D-SNP)

### Outpatient Hospital<sup>1,4</sup>

Doctors and facilities in our plan: **20%** coinsurance

### Ambulatory Surgical Center<sup>1,4</sup>

Doctors and facilities in our plan: **20%** coinsurance

### Doctor's Office Visits<sup>4</sup>

#### Primary care physician (PCP) visit:

PCPs in our plan: **20%** coinsurance

#### Specialist visit:<sup>1</sup>

Doctors in our plan: **20%** coinsurance

### Preventive Care Screenings and Annual Physical Exams

#### Preventive care screenings:

Doctors in our plan: **\$0.00** copay

#### Annual physical exam:

Doctors in our plan: **\$0.00** copay

**NOTE:** If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.

## Anthem Dual Advantage (HMO D-SNP)

### Preventive Care Screenings and Annual Physical Exams

#### Covered preventive care screenings:

- ☐ Abdominal aortic aneurysm screening
- ☐ Annual wellness visit
- ☐ Bone mass measurement
- ☐ Breast cancer screening (mammogram)
- ☐ Cardiovascular disease risk reduction visit (therapy for cardiovascular disease)
- ☐ Cardiovascular disease screening tests
- ☐ Cervical and vaginal cancer screening
- ☐ Colorectal cancer screenings
- ☐ Depression screening
- ☐ Diabetes screening
- ☐ Diabetes self-management training, diabetic services, and supplies
- ☐ Health and wellness education programs
- ☐ HIV screening
- ☐ Immunizations
- ☐ Medical nutrition therapy
- ☐ Medicare Diabetes Prevention Program (MDPP)
- ☐ Obesity screening and therapy to promote sustained weight loss
- ☐ Pre-exposure prophylaxis (PrEP) for HIV prevention
- ☐ Prostate cancer screening exams
- ☐ Screening and counseling to reduce alcohol misuse
- ☐ Screening for Hepatitis C Virus infection
- ☐ Screening for lung cancer with low dose computed tomography (LDCT)
- ☐ Screening for sexually transmitted infections (STIs) and counseling to prevent STIs
- ☐ Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)
- ☐ Vision care
- ☐ “Welcome to Medicare” preventive visit (one-time)

Any extra preventive services approved by Medicare during the contract year will be covered. When you use doctors in our plan, **100%** of the cost of preventive care screenings and annual physical exams is covered.

**NOTE:** If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.

Anthem Dual Advantage (HMO D-SNP)

Emergency Care

\$115.00 copay

Emergency and Urgent Care Worldwide Coverage

\$0.00 copay

This plan covers urgent care and emergency services, including emergency transportation, when traveling outside of the United States for less than six months. This benefit is limited to \$100,000 per year.

Your emergency room copay will be waived if you receive care from a primary care provider, urgent care provider, or LiveHealth Online 24 hours prior to the emergency room visit.

Urgently Needed Services

\$20.00 copay

Diagnostic Services, Labs, and Imaging<sup>1,4</sup>

Diagnostic Radiology Services

CT scans, MRI, MRA, PET at a physician’s office or free-standing provider facilities in our plan:

20% coinsurance

CT scans, MRI, MRA, PET at hospital outpatient facilities in our plan:

20% coinsurance

**NOTE:** If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.

## Anthem Dual Advantage (HMO D-SNP)

Diagnostic Services, Labs, and Imaging <sup>1,4</sup>	
<p>Ultrasounds at a physician's office or free-standing provider facilities in our plan:</p>	<b>20% coinsurance</b>
<p>Ultrasounds at hospital outpatient facilities in our plan:</p>	<b>20% coinsurance</b>
<p><b>Diagnostic Tests and Procedures</b></p> <p>Physician's office or free-standing provider facilities in our plan:</p> <p>Hospital outpatient facilities in our plan:</p>	<p><b>20% coinsurance</b></p> <p><b>20% coinsurance</b></p>
<p><b>Lab Services</b></p> <p>Physician's office or free-standing provider facilities in our plan:</p> <p>Hospital outpatient facilities in our plan:</p>	<p><b>20% coinsurance</b></p> <p><b>20% coinsurance</b></p>
<p><b>Outpatient X-rays</b></p> <p>Physician's office in our plan:</p> <p>Hospital outpatient facilities in our plan:</p> <p>Free-standing facility or at-home portable X-ray services in our plan:</p>	<p><b>20% coinsurance</b></p> <p><b>20% coinsurance</b></p> <p><b>20% coinsurance</b></p>

**NOTE:** If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.

Anthem Dual Advantage (HMO D-SNP)

Diagnostic Services, Labs, and Imaging<sup>1,4</sup>

Therapeutic Radiology Services

(such as radiation treatment for cancer)

Physician’s office, free-standing provider, or hospital outpatient facilities in our plan:

20% coinsurance

Hearing Services

Medicare-covered hearing services (Exam to diagnose and treat hearing and balance issues):<sup>1,4</sup>

Doctors in our plan: 20% coinsurance

Routine hearing services:<sup>1</sup>

This plan covers 1 routine hearing exam every year. \$300 maximum plan benefit for over-the-counter hearing aids OR 1 routine hearing aid fitting evaluation and a \$2,000 maximum plan benefit for prescribed hearing aids every year.

Doctors in our plan: \$0.00 copay for routine hearing exam(s). \$0.00 copay for hearing aids up to the maximum plan benefit amount.

**NOTE:** If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.

## Anthem Dual Advantage (HMO D-SNP)

### Dental Services

**Medicare-covered dental services** (this does not include services for care, treatment, filling, removal or replacement of teeth):<sup>1,4</sup>

Doctors and dentists in our plan: **20%** coinsurance

#### **Preventive and Comprehensive<sup>1</sup> Dental Combined Allowance:**

This plan covers up to a **\$1,500** allowance for covered preventive and comprehensive dental services every year.

Any amount not used at the end of the plan year will expire.

#### **Preventive dental services:**

Dentists in our plan: **\$0.00** copay

This plan covers 2 oral exams, 2 cleanings, 2 fluoride treatments, and 2 dental X-rays every year.

#### **Comprehensive dental services:**

Doctors and dentists in our plan: **\$0.00** copay

Please refer to Chapter 4 in the plan's Evidence of Coverage for more details on prior authorizations, covered dental services, limitations, and exclusions.

To find a dental provider in our plan, follow the same steps as the "How to find a doctor/PCP in our plan" box at the beginning of this booklet. Then select **Dental Provider** under **Provider Type**.

**NOTE:** If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.

## Anthem Dual Advantage (HMO D-SNP)

### Vision Services

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#### Medicare-covered vision services:<sup>4</sup>

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##### Exam to diagnose and treat diseases and conditions of the eye:

Doctors in our plan: **20%** coinsurance

##### Eyeglasses or contact lenses after cataract surgery:

Doctors in our plan: **20%** coinsurance

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#### Routine vision services:

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##### Routine vision exam:

This plan covers 1 routine eye exam(s) every year.

Doctors in our plan: **\$0.00** copay

##### Routine eyewear (lenses and frames):

This plan covers up to **\$200** for eyeglasses or contact lenses every year.

Doctors in our plan: **\$0.00** copay

To find a vision provider in our plan, follow the same steps as the "How to find a doctor/PCP in our plan" box at the beginning of this booklet. Then select **Vision Provider** under **Provider Type**.

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**NOTE:** If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.



## Anthem Dual Advantage (HMO D-SNP)

### Mental Health Care

#### Inpatient visit:<sup>1</sup>

Doctors and facilities in our plan: Medicare-defined cost share

In 2025, the Medicare-defined Cost Share amounts for each benefit period are:

- **\$1,676** deductible for days 1 through 60.
- **\$419** copay per day for days 61 through 90.
- **\$838** copay per day for 60 lifetime reserve days. These are "extra" days we cover once in your lifetime.

These amounts may change for 2026. We will provide updated cost share amounts at the website found on page 2 as soon as Medicare releases them.

Our plan has a lifetime limit of 190 days for inpatient mental health care in a psychiatric hospital. This limit does not apply to inpatient mental health services provided in a general hospital.

Your copays for inpatient benefits are based on benefit periods. A benefit period starts on the first day you go into a hospital or skilled nursing facility (SNF) and ends when you haven't had any inpatient hospital care or skilled nursing care for 60 days in a row. If you go into a hospital after one benefit period has ended, a new benefit period starts. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods you can have.

#### Outpatient individual and group therapy services:<sup>1,4</sup>

Doctors and facilities in our plan: **20%** coinsurance

**NOTE:** If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.

# Anthem Dual Advantage (HMO D-SNP)

## Skilled Nursing Facility (SNF)<sup>1</sup>

Doctors and facilities in our plan: Medicare-defined cost share

In 2025, the Medicare-defined cost share amounts for each benefit period are:

- ☐ **\$0.00** copay per day for days 1 through 20.
- ☐ **\$209.50** copay per day for days 21 through 100.

These amounts may change for 2026. We will provide updated cost share amounts at the website found on page 2 as soon as Medicare releases them.

Our plan covers up to 100 days in a Skilled Nursing Facility (SNF).

Your copays for SNF benefits are based on benefit periods. A benefit period starts on the first day you go into a hospital or SNF and ends when you haven't had any inpatient hospital care or skilled nursing care for 60 days in a row. If you go into a SNF after one benefit period has ended, a new benefit period starts. There's no limit to the number of benefit periods you can have.

## Physical Therapy<sup>1,4</sup>

Doctors and facilities in our plan: **20%** coinsurance

## Ambulance<sup>1,4</sup>

### Ground/Water Ambulance:

Emergency transportation services in our plan: **20%** coinsurance per trip

**NOTE:** If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.

## Anthem Dual Advantage (HMO D-SNP)

### Ambulance<sup>1,4</sup>

#### Air Ambulance:

Emergency transportation services in our plan: **20%** coinsurance per trip

### Transportation

#### Plan approved health related locations

You pay a **\$0.00** copay. This plan offers coverage for 38, one-way, routine transportation services every year. Trips are limited to 60 miles.

Routine transportation coverage is limited to plan-approved locations (within the local service area) provided by contracted transportation vendors in our plan. If you need a ride, call us at least 48 hours ahead of time (excluding weekends).

### Medicare Part B Drugs

#### Insulin furnished through an insulin pump:

Drugs obtained from doctors and facilities in our plan: **\$35.00** copay

#### Other Part B Drugs:<sup>1,4</sup>

Drugs obtained from doctors and facilities in our plan: **\$0.00** copay - **20%** coinsurance

**NOTE:** If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.

## Anthem Dual Advantage (HMO D-SNP)

### Medicare Part B Drugs

#### Chemotherapy drugs:<sup>1,4</sup>

Drugs obtained from doctors and facilities in our plan: **\$0.00** copay - **20%** coinsurance

You may pay less than the maximum coinsurance for certain Part B and chemotherapy rebatable drugs. The list and the cost of each rebatable drug changes every quarter.

**NOTE:** If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.

# Additional benefits

## Anthem Dual Advantage (HMO D-SNP)

### Acupuncture

#### Medicare-covered acupuncture services:<sup>1,4</sup>

Providers in our plan: **20%** coinsurance

Available for people with chronic low back pain under certain circumstances. Please see the Evidence of Coverage for more information.

### Chiropractic Care<sup>1</sup>

#### Medicare-covered chiropractic services:<sup>4</sup>

Providers in our plan: **20%** coinsurance

Medicare coverage includes manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position).

## Anthem Dual Advantage (HMO D-SNP)

### Everyday Options Allowance

This plan offers a spending allowance of **\$97 each month** for:

- ❑ **Assistive Devices:** ADA toilet seats, shower stools, hand-held shower heads, reaching devices, temporary wheelchair threshold ramps, and more.
- ❑ **Over-the-Counter (OTC) products:** Health and wellness items like vitamins, first aid supplies, pain-relievers, and more.

If you are eligible for Special Supplemental Benefits for the Chronically Ill (SSBCI), you can also use the allowance for:

- ❑ **Healthy Foods:**<sup>6</sup> Healthy food items that assist in meeting your nutritional needs such as dairy products, fresh fruits, vegetables, meat, seafood, and other healthy pantry staples.
- ❑ **Utilities:**<sup>6</sup> Use toward the payment of gas for your home, electric, water, cable, internet, or cell phone services.

Unused amounts expire at the end of each month.

### Foot Care (podiatry services)<sup>1</sup>

#### Medicare-covered podiatry:<sup>4</sup>

Doctors in our plan: **20%** coinsurance

Foot exams and treatment are covered if you have diabetes-related nerve damage and/or meet certain conditions.

#### Routine foot care:

Doctors in our plan: **\$0.00** copay

This plan covers: Unlimited routine foot care visits each year.

**NOTE:** If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.

## Anthem Dual Advantage (HMO D-SNP)

### Healthy Meals - Post Discharge

**\$0.00** copay for up to 2 meals a day for 10 days following your discharge from the hospital or skilled nursing facility (SNF).

You must use network providers.

### Home Health Care<sup>1</sup>

Doctors and facilities in our plan: **\$0.00** copay

### LiveHealth<sup>®</sup> Online

Lets you talk to a board-certified doctor or licensed psychiatrist, psychologist, or therapist by live, two-way video on a computer, smartphone, or tablet.

LiveHealth Online is offered through an arrangement with Amwell, a separate company, providing telehealth services on behalf of your health plan.

### Medical Equipment/Supplies<sup>4</sup>

**Durable Medical Equipment** (wheelchairs, oxygen, etc.):<sup>1</sup>

Suppliers in our plan: **20%** coinsurance

**Medical supplies and prosthetic devices** (braces, artificial limbs, etc.):<sup>1</sup>

Suppliers in our plan: **20%** coinsurance

**NOTE:** If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.

## Anthem Dual Advantage (HMO D-SNP)

### Medical Equipment/Supplies<sup>4</sup>

#### Diabetic supplies and services:

Suppliers in our plan: **\$0.00** copay

Covered diabetic supplies include: glucose monitors, test strips, and lancets. See your Evidence of Coverage for all supplies covered.

### Medicare Community Resource Support

We assist you right over the phone by providing you with health-related information and by connecting you to local community-based services and support programs. We'll help you coordinate these services based on your unique needs. Call us at the number listed on your plan ID card and ask for the Medicare Community Resource Support team for more details.

### Outpatient Rehabilitation<sup>4</sup>

**Cardiac (heart) rehab services** (with a limit of two, one-hour sessions per day and a maximum of 36 sessions within a 36-week period):<sup>1</sup>

Doctors and facilities in our plan: **20%** coinsurance

**Pulmonary (lung) rehab services** (with a limit of two, one-hour sessions per day and a maximum of 36 sessions):<sup>1</sup>

Doctors and facilities in our plan: **20%** coinsurance

#### Occupational therapy visit:<sup>1</sup>

Doctors and facilities in our plan: **20%** coinsurance

**NOTE:** If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.



## Anthem Dual Advantage (HMO D-SNP)

### Outpatient Substance Abuse<sup>1,4</sup>

#### Individual & Group therapy visit:

Doctors and facilities in our plan: **20%** coinsurance

### Personal Emergency Response System (PERS) coverage

Includes the monitoring device and monitoring service. To start and install services, give us a call. We can help you.

### Renal Dialysis<sup>4</sup>

Doctors and facilities in our plan: **20%** coinsurance

### SilverSneakers<sup>®††</sup> Fitness program

When you become our member, you can sign up for SilverSneakers. It's included in our plan. To learn more details, go to **silversneakers.com** or call SilverSneakers at 1-855-741-4985 (TTY: 711), Monday to Friday, 8 a.m. to 8 p.m. ET.

<sup>††</sup>SilverSneakers is a registered trademark of Tivity Health, Inc. All rights reserved. Tivity Health, Inc. is an independent company providing a fitness program on behalf of this plan.

**NOTE:** If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.

## Anthem Dual Advantage (HMO D-SNP)

### 24/7 Nurseline

24-hour access to a nurse line, seven days a week, 365 days a year

### Footnotes

Services with a 1 may need prior authorization (preapproval) from the plan.

For services with a 4, your medical deductible will apply for In-Network Medicare-covered services from providers or facilities that are in the plan's network.

Benefits with a 6: The benefits mentioned are Special Supplemental Benefits for the Chronically Ill (SSBCI). You may qualify for SSBCI if you have a high risk for hospitalization and require intensive care coordination to manage chronic conditions such as Chronic Kidney Diseases, Chronic Lung Disorders, Cardiovascular Disorders, Chronic Heart Failure, or Diabetes. For a full list of chronic conditions or to learn more about other eligibility requirements needed to qualify for SSBCI benefits, please refer to Chapter 4 in the plan's Evidence of Coverage.

**NOTE:** If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.



## **Summary of 2026 prescription drug coverage**

## Anthem Dual Advantage (HMO D-SNP)

### Stage 1: Yearly Deductible

If you receive Extra Help from Medicare, the Part D deductible does not apply to you.

If you do not qualify for Extra Help, the deductible is **\$615.00** per year for Part D prescription drugs. Drugs listed on Tier 2: Generic, Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug, Tier 5: Specialty Tier are included in the Part D deductible.

The Part D deductible does not apply to Insulin drugs.

### Stage 2: Initial Coverage

After you pay your yearly deductible (if your plan has one), you move to the Initial Coverage Stage. In this stage, you pay the amounts listed in the table on the following pages, until your total year-to-date out-of-pocket costs reach **\$2,100**.

You may get your covered drugs at retail pharmacies and mail-order pharmacies in our plan. Generally, you may get your covered drugs from pharmacies not in our plan only when you are unable to get your prescription drugs from a pharmacy that is in our plan.

#### **Important message about what you pay for vaccines and insulin:**

This plan covers most Part D vaccines at no cost to you. If you receive Extra Help, you pay **\$0.00 - \$12.65** for a one-month supply of any covered insulin. If you do not qualify for Extra Help, you will not pay more than **\$35** for a one-month supply of any covered insulin.

Stage 2: Initial Coverage	
Cost Sharing	Anthem Dual Advantage (HMO D-SNP)
<b>Tier 1: Preferred Generic</b> Standard retail one-month supply Mail order three-month supply	\$0.00* \$0.00*
<b>Tier 2: Generic</b> Standard retail one-month supply Mail order three-month supply	\$0.00 - \$12.65 OR 25% <sup>‡</sup> \$0.00 - \$12.65 OR 25% <sup>‡</sup>
<b>Tier 3: Preferred Brand</b> Standard retail one-month supply Mail order three-month supply	\$0.00 - \$12.65 OR 25% <sup>‡</sup> \$0.00 - \$12.65 OR 25% <sup>‡</sup>
<b>Tier 4: Non-Preferred Drug</b> Standard retail one-month supply Mail order three-month supply	\$0.00 - \$12.65 OR 25% <sup>‡</sup> \$0.00 - \$12.65 OR 25% <sup>‡</sup>
<b>Tier 5: Specialty Tier</b> Standard retail one-month supply Mail order three-month supply	\$0.00 - \$12.65 OR 25% <sup>‡</sup> Not available
<b>Tier 6: Select Care Drugs</b> Standard retail one-month supply Mail order three-month supply <sup>100</sup>	\$0.00* \$0.00*

\* Your deductible will not apply for these drugs.

<sup>‡</sup> If you receive Extra Help, the amount you pay is determined by your Extra Help low-income subsidy (LIS) coverage and whether you use a generic or brand drug. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.

<sup>100</sup> The three-month supply for this tier on this plan is 100 days.

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## Stage 3: Catastrophic Coverage

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During this stage, you pay nothing for your covered Part D drugs.

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# Ways we support your health

## PremiumAssist

Centauri's PremiumAssist supports Medicare Advantage and D-SNP members in applying for and recertifying their Medicaid or Medicare Savings Program benefits. Plus, their highly trained associates can assist you in enrolling in Extra Help, which covers some or all your prescription costs.

Services this program provides:

- Medicaid and the Medicare Savings Program will pay for your Medicare Part B premium every month. A Centauri associate may call you or you can call them at **1-877-236-4471** (TTY: **711**), Monday through Friday between 9:00 AM and 7:30 PM (EST).
- Extra Help pays for your Medicare Part D co-pays, premiums, and deductibles. On average, members save \$5,000 per year.

If you need emergency or urgent care, call 911 or go to the nearest doctor or facility that can help you. Most times, you must use doctors in our plan to receive covered medical care, except for emergencies and urgently needed care when doctors in our plan are not available or dialysis services when you are out of the service area. If you receive routine care from doctors outside our plan, neither Medicare nor Anthem Blue Cross and Blue Shield will pay for it.

Benefits with a 6: The benefits mentioned are Special Supplemental Benefits for the Chronically Ill (SSBCI). You may qualify for SSBCI if you have a high risk for hospitalization and require intensive care coordination to manage chronic conditions such as Chronic Kidney Diseases, Chronic Lung Disorders, Cardiovascular Disorders, Chronic Heart Failure, or Diabetes. For a full list of chronic conditions or to learn more about other eligibility requirements needed to qualify for SSBCI benefits, please refer to Chapter 4 in the plan's Evidence of Coverage.

The Benefits Mastercard® Prepaid Card is issued by The Bancorp Bank N.A., Member FDIC, pursuant to license by Mastercard International Incorporated and card can be used for eligible expenses wherever Mastercard is accepted. Valid only in the U.S. No cash access. This is not a gift card or gift certificate. You have received this card as a gratuity without the payment of any monetary value or consideration.

Anthem Blue Cross and Blue Shield is an HMO D-SNP plan with a Medicare contract and a contract with the Indiana Medicaid program. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal. Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc. Independent licensee of the Blue Cross Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.



## Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call **1-844-597-2614** (TTY: **711**) or speak to your provider. Hours of operation are 8 a.m. to 8 p.m. local time, seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

**Spanish** – ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia en otros idiomas. También puede obtener ayudas y servicios auxiliares adecuados gratuitos para proporcionar información en formatos accesibles. Llame al número de teléfono indicado anteriormente o hable con su proveedor. El horario de atención es de 8 a.m. a 8 p.m. hora local, los siete días de la semana (excepto el Día de Acción de Gracias y Navidad) desde el 1.o de octubre hasta el 31 de marzo, y de lunes a viernes (excepto los días feriados) desde el 1.o de abril hasta el 30 de septiembre.

**Arabic** - تنبيه: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. كما تتوفر مساعدات وخدمات مساعدة مناسبة لتوفير المعلومات بأشكال يسهل الوصول إليها مجاناً. اتصل برقم الهاتف المذكور أعلاه أو تحدث إلى مقدم الخدمة الخاص بك. ساعات العمل من الساعة 8 صباحاً حتى الساعة 8 مساءً على مدار الأسبوع (ما عدا أيام عيد الشكر وعيد الميلاد) بدايةً من 1 أكتوبر حتى 31 مارس، ومن الاثنين حتى الجمعة (ما عدا أيام العطلات) من 1 أبريل حتى 30 سبتمبر.

**Burmese** – သတိပုရိန်- သင်သည် ဗမာ ဘာသာစကားကို ပြောလျှင် သင့်အတွက် အခမဲ့ ဘာသာစကား အကူအညီ ဝန်ဆောင်မှု ရရှိနိုင်ပါသည်။ သတင်းအချက်အလက်များ ပေးအပ်ရန်အတွက် သင့်တော်သည့် အထောက်အကူပြုစုစည်းများနှင့် ဝန်ဆောင်မှုများကို အသုံးပြုရန် လွယ်ကူသည့် ပုံစံများဖွင့်လှစ် အခမဲ့ ရရှိနိုင်ပါသည်။ သင့်အဖွဲ့ဝင် ကတ်ပရိ ဖုန်းနံပါတ်ကို ခေါ်ဆိုပါ သို့မဟုတ် သင့်၏ ကူညီပံ့ပိုးသူနှင့် စကားပြောဆိုပါ။ ရုံးဖွင့်ချိန်မှာ ဒေသစတင်ချိန် နံနက် 8 နာရီမှ ညနေ 8 နာရီ၊ အောက်တိုဘာလ 1 ရက်နေ့မှ မတ်လ 31 ရက်နေ့အထိ တစ်ပတ်လျှင် ခုနစ်ရက် (ကျေးဇူးတင်နံပါတ်နှင့် ခရစ်စတမတ်နေ့မှအပ) နှင့် ဧပြီလ 1 ရက်မှ စက်တင်ဘာလ 30 ရက်အထိ တနင်္လာမှ သင်္ဂြိုဟ်အထိ (ရုံးပိတ်ရက်များမှ အပ) ဖြစ်ပါသည်။

**Chinese Simplified** – 注意：如果您说简体中文，我们可以为您提供免费的语言协助服务。我们还免费提供适当的辅助工具和服务，以可访问的格式提供信息。请拨打上面列出的电话号码或与您的提供者交谈。营业时间：10月1日至3月31日，每周七天（感恩节和圣诞节除外），4月1日至9月30日，周一至周五（节假日除外），当地时间上午8时至晚上8时。

**Chinese Traditional** – 注意：如果您說繁體中文，我們可以為您提供免費的語言協助服務。我們還免費提供適當的輔助工具和服務，以無障礙格式提供資訊。請撥打上面列出的電話號碼或與您的提供者交談。營業時間：10月1日至3月31日，每週七天（感恩節和耶誕節除外），4月1日至9月30日，週一至週五（節假日除外），當地時間上午8時至晚上8時。

**Dutch** – LET OP: Als u Nederlands spreekt, kunt u gratis gebruikmaken van taalhelpdiensten. Ook zijn er gratis hulpmiddelen en diensten beschikbaar om informatie in toegankelijke formaten te verstrekken. Bel het bovenstaande telefoonnummer of neem contact op met uw provider. De openingstijden zijn van 8 a.m. tot 8 p.m. uur lokale tijd, zeven dagen per week (behalve Thanksgiving en kerstmis) vanaf 1 oktober tot en met 31 maart, en van maandag tot en met vrijdag (behalve feestdagen) vanaf 1 april tot en met 30 september.

**French** – ATTENTION : Si vous parlez français, des services gratuits d'assistance linguistique sont disponibles. Des aides et services auxiliaires appropriés permettant de fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le numéro de téléphone mentionné ci-dessus ou appelez votre prestataire. Les heures d'ouverture sont de 8 a.m à 8 p.m., heure locale, sept jours sur sept (sauf Thanksgiving et Noël) du 1er octobre au 31 mars, et du lundi au vendredi (sauf jours fériés) du 1er avril au 30 septembre.

**German** – ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Dienste zur sprachlichen Unterstützung zur Verfügung. Außerdem sind kostenlose Hilfsmittel und Dienste verfügbar, um Informationen in zugänglichen Formaten bereitzustellen. Rufen Sie die oben aufgeführte Telefonnummer an oder wenden Sie sich an Ihren Anbieter. Die Geschäftszeiten sind 8 Uhr bis 20 Uhr lokaler Zeit an sieben Tagen in der Woche (außer Thanksgiving und Weihnachten) vom 1. Oktober bis zum 31. März, und Montag bis Freitag (außer an Feiertagen) vom 1. April bis zum 30. September.

**Gujarati** – ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો તમારા માટે વનિ મૂલ્યે ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. સુવલ ફોર્મેટમાં માહિતી પ્રદાન કરવા માટે યોગ્ય સહાયક સહાય અને સેવાઓ પણ વનિ મૂલ્યે ઉપલબ્ધ છે. ઉપર દર્શાવેલ ફોન નંબર પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો. કામકાજના કલાકો સ્થાનકિ સમય મુજબ સવારે 8 વાગ્યાથી સાંજના 8 વાગ્યા સુધી, ઓક્ટોબર 1 થી માર્ચ 31 સુધી અઠવાડિયાના સાતેય દિવસ (થેક્સગવિંગ અને ફ્રસિમસ સવાય) અને સોમવારથી શુક્રવાર (રજાઓ સવાય) એપ્રિલ 1 થી સપ્ટેમ્બર 30 સુધી છે.

**Haitian Creole** – ATANSYON: Si w pale kreyòl ayisyen, sèvis asistans linguistik gratis disponib pou ou. Èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòm ki aksesib disponib tou san w p ap peye. Rele nimewo telefòn yo bay anwo a oswa pale ak founisè w la. Orè fonksyònman yo se 8 a.m. rive 8 p.m., sèt jou sou sèt (eksepte Jou Thanksgiving ak

Nwèl) soti 1ye Oktòb rive 31 Mas, ak Lendi pou rive Vandredi (eksepte jou ferye) soti 1ye Avril rive 30 Septanm.

**Hindi** – ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए नशिल्क भाषा सहायता सेवाएं उपलब्ध हैं। पहुँच योग्य प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी नशिल्क उपलब्ध हैं। ऊपर दिए गए फ़ोन नंबर पर कॉल करें या अपने प्रदाता से बात करें। कामकाज के घंटे, 1 अक्टूबर से 31 मार्च तक सप्ताह के सातों दिनों (थैंक्सगिविंग और क्रिसमस को छोड़कर), और 1 अप्रैल से 30 सितंबर तक सोमवार से शुक्रवार (छुट्टियों को छोड़कर), स्थानीय समय अनुसार सुबह 8 बजे से रात 8 बजे तक हैं।

**Japanese** – 注意：日本語を話せる方向けに、無料の言語支援サービスをご提供しています。適切な補助器具・サービスも、利用者がアクセスしやすい方法でご提供しています。こちらでも無料でご利用いただけます。必要な情報取得にお役立てください。上記の電話番号にお電話いただくか、プロバイダーにお問い合わせください。営業時間は、10月1日から3月31日までは現地時間午前8時から午後8時まで週7日（感謝祭とクリスマスを除く）、および4月1日から9月30日まで（祝日を除く）は月曜日から金曜日までです。

**Korean** – 주의: 한국어를 구사하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 대체 형식으로 정보를 제공하기 위한 적절한 보조 장치 및 서비스도 무료로 제공됩니다. 위의 전화 번호로 전화하시거나 담당 의료 제공자에게 문의해 주십시오. 운영 시간은 현지 시간 오전 8시부터 오후 8시까지이며 10월 1일부터 3월 31일까지는 주 7일(추수 감사절과 성탄절은 제외) 내내, 4월 1일부터 9월 30일까지는 월요일부터 금요일까지(휴일은 제외)입니다.

**Pennsylvania Dutch** – BEACHTUNG: Wann Sie Pennsilfaanisch Deitsch schwetze, sin fer Sie gratis Schproochhilfsdiener verfügbar. Geeignet Hilfsmittel un Hilfsdiensch, fer Wiss in barrierefreie Formate bereitzustelle, sin aa gratis verfügbar. Rufe Sie die telefunnummer wu dobaue gennant is odder schwetze Sie mit Ihrem Versorger. Die Bedienstungszeit sin vun 8:00 Owends bis 8:00 Moies Ortszeit, sieben Daag in der Woch (ausser Danksagungsdaag un Weihnachten) vum 1. Oktober bis 31. März, un vum 1. April bis 30. September Montag bis Freidaag (ausser Feiertag).

**Polish** – UWAGA: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnych usług pomocy językowej. Dostępne są również nieodpłatnie odpowiednie pomoce i usługi zapewniające informacje w dostępnych formatach. Zadzwoń pod numer telefonu podany powyżej lub porozmawiaj ze swoim dostawcą. Czynne od 8:00 rano do 8:00 wieczorem czasu lokalnego, czasu lokalnego, siedem dni w tygodniu (oprócz Święta Dziękczynienia i Bożego Narodzenia) od 1 października do 31 marca oraz od poniedziałku do piątku (oprócz świąt) od 1 kwietnia do 30 września.

**Punjabi** – ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾਈ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਉੱਪਰ ਦਿੱਤੇ ਫੋਨ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਆਪਣੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ। ਕੰਮਕਾਜ ਦੇ ਘੰਟੇ,

1 ਅਕਤੂਬਰ ਤੋਂ 31 ਮਾਰਚ ਤੱਕ ਹਫ਼ਤੇ ਦੇ ਸੱਤੇ ਦਿਨ (ਥੈਕਸਡੇਅ ਅਤੇ ਕਰਸਮਸ ਨੂੰ ਛੱਡ ਕੇ), ਅਤੇ 1 ਅਪ੍ਰੈਲ ਤੋਂ 30 ਸਤੰਬਰ ਤੱਕ ਸੋਮਵਾਰ ਤੋਂ ਸ਼ੁੱਕਰਵਾਰ (ਛੁੱਟੀਆਂ ਨੂੰ ਛੱਡ ਕੇ), ਸਥਾਨਕ ਸਮੇਂ ਅਨੁਸਾਰ ਸਵੇਰੇ 8 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 8 ਵਜੇ ਤੱਕ ਹਨ।

**Russian – ВНИМАНИЕ:** Если вы говорите на русском языке, вам могут предоставить бесплатные услуги переводчика. Также бесплатно предоставляются вспомогательные средства и услуги, позволяющие получать информацию в доступных форматах. Позвоните по вышеуказанному номеру телефона или обсудите этот вопрос с вашим поставщиком услуг. Часы работы: с 08:00 до 20:00 в любой день недели (кроме Дня благодарения и Рождества) с 1 октября по 31 марта и с понедельника по пятницу (кроме праздничных дней) с 1 апреля по 30 сентября.

**Serbian – ПАЖЊА:** Ако говорите срpsки, доступне су вам бесплатне услуге помоћи за ваш језик. Бесплатно су вам доступна и одговарајућа помагала и услуге у доступним форматима како бисте добили информације које су вам потребне. Позовите број телефона наведен изнад или поразговарајте са својим пружаоцем услуга. Радно време је од 8 до 20 часова по локалном времену, седам дана у недељи (осим Дана захвалности и Божића) од 1. октобра до 31. марта, односно од понедељка до петка (осим празника) од 1. априла до 30. септембра.

**Tagalog – PAUNAWA:** Kung nagsasalita ka Tagalog, mayroong available na mga libreng serbisyo sa tulong sa wika para sa iyo. Ang naaangkop na mga karagdagang tulong at serbisyo para magbigay ng impormasyon sa mga naa-access na format ay available rin nang walang bayad. Tawagan ang numero ng telepono na nakalista sa itaas o makipag-usap sa iyong provider. Ang mga oras ng opisina ay 8 a.m. hanggang 8 p.m., lokal na oras, pitong araw sa isang linggo (maliban sa Thanksgiving at Pasko) mula Oktubre 1 hanggang Marso 31, at Lunes hanggang Biyernes (maliban sa mga holiday) mula Abril 1 hanggang Setyembre 30.

**Vietnamese – CHÚ Ý:** Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí luôn sẵn sàng phục vụ quý vị. Các dịch vụ và hỗ trợ phụ trợ thích hợp cung cấp thông tin ở các định dạng có thể truy cập cũng được cung cấp miễn phí. Gọi số điện thoại nêu trên hoặc nói chuyện với nhà cung cấp của quý vị. Giờ làm việc từ 8 giờ sáng đến 8 giờ tối, giờ địa phương, bảy ngày một tuần (Trừ Lễ Tạ ơn và Giáng sinh) từ ngày 1 Tháng Mười đến 31 Tháng Ba, và Thứ Hai đến Thứ Sáu (trừ các ngày lễ), từ ngày 1 Tháng Tư đến 30 Tháng Chín.

## IMPORTANT INFORMATION: 2025 Medicare Star Ratings

Official U.S.  
Government  
Medicare  
Information



### Anthem HealthKeepers - H3447

**For 2025, Anthem HealthKeepers - H3447 received the following Star Ratings from Medicare:**

**Overall Star Rating:** ★★★★★

**Health Services Rating:** ★★★★★

**Drug Services Rating:** ★★★★★

**Every year, Medicare evaluates plans based on a 5-star rating system.**

### Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- ☐ Feedback from members about the plan's service and care
- ☐ The number of members who left or stayed with the plan
- ☐ The number of complaints Medicare got about the plan
- ☐ Data from doctors and hospitals that work with the plan

**The number of stars show how well a plan performs.**

★★★★★ EXCELLENT

★★★★☆ ABOVE AVERAGE

★★★☆☆ AVERAGE

★★☆☆☆ BELOW AVERAGE

★☆☆☆☆ POOR

More stars mean a better plan – for example, members may get better care and better, faster customer service.

### Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

### Questions about this plan?

Contact Anthem HealthKeepers 7 days a week from 8 a.m. to 8 p.m., (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30 at 1-844-250-2334 (toll-free) or 711 (TTY).

Current members please call 1-844-533-2021 (toll-free) or 711 (TTY).

Anthem Blue Cross and Blue Shield is an HMO D-SNP plan with a Medicare contract and a contract with the Indiana Medicaid program. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.

# Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-844-597-2614** TTY: **711**, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

## Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit <https://shop.anthem.com/medicare> or call **1-844-597-2614** to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

## Understanding Important Rules

- ☐ **Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2027.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.